COMPLAINT NUMBER

STEVE LEVY COUNTY EXECUTIVE

Charles Gardner Director

SUFFOLK COUNTY EXECUTIVE'S OFFICE OF CONSUMER AFFAIRS

This form is being sent to you in response to your request for assistance from this Department. Please complete the form as soon as possible. Please attach COPIES of appropriate documentation (correspondence, invoices, contracts, and related information). We need this material to try to resolve your complaint. Please use black ink.

PLEASE PRINT OR TYPE ALL ENTRIES - COMPLETE CONSUMER AND VENDOR INFORMATION

PLEASE PRINT OR TYPE ALL E	NTRIES - COMPLETE CONST		ATION
CONSUMER INFORMATION Your Name	Name of Person or f	VENDOR INFORMATION rm complaint is about	
Tour Ivanic	Name of reison of r	Thi complaint is about	
Address - Number and Street	Address - Number a	ad Straat	
Address - Number and Street	Address - Ivalibel a	id Street	
City State Zip	City	State	Zip
City State Zip	City	State	Zip
T 1 1 N 1 (' 1 1' 1)	T I I N I	including area code)	
Telephone Number (including area code) (home) (business)	Telephone Number	including area code)	
Charge Account number used - if any	Identification Numb	er or Transaction or vendor's claim number.	•
Your mailing address - if different from above	Name of person with	whom you dealt at facility	
\$ Amount Disputed	Date of Transaction	\$Amount of Transaction	
NATURE OF COMPLAINT OR PROBLEM: (Attach addi	tional pages if necessary)		
			-
THE RESOLUTION YOU DESIRE: (Exchange, Refund, I	Deposit Returned, Etc.)		
Have you complained to any of the following:			
To Check if Yes	Date Contacted	Name	
The Company			
An Attorney			
Other Agency			
Other Agency			

${\bf PLEASE\ DO\ NOT\ FORGET\ TO\ ENCLOSE\ COPIES\ (not\ originals)\ OF\ ANY\ PERTINENT\ DOCUMENT.}$

SUPPORTING DOCUMENTATION MUST BE ATTACHED BEFORE COMPLAINT CAN BE PROCESSED.

I UNDERSTAND THAT CONSUMER AFFAIRS MAY SEND A COPY OF THIS FORM AND ANY OR ALL OF THE ENCLOSED INFORMATION TO THE VENDOR OR TO ANOTHER AGENCY FOR RESOLUTION. I AFFIRM THAT ALL INFORMATION PROVIDED IN THIS COMPLAINT IS TRUE AND FACTUAL.

YOUR SIGNATURE	DATE

PLEASE NOTE:

A fax of this **RETURN FORMS TO:**

form will not S.C. Executive's Office of Consumer Affairs

be accepted. P.O. Box 6100

Hauppauge, New York 11788-0099

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